IHS Integrated Diabetes Education Recognition Program Sample Patient Referral Notice

INSTRUCTIONS: (This form may be used by Medical, Dental and Paramedical policy 1. TO: (Name, title and address of person or organization or institution to who			dental, or relates Services.)
1. 10. (Name, title una adaress of person or organization or institution to who	m rejerrai is maae.	,	
2. NAME OF PATIENT (Last Name, First Name, Middle Name)	3.SE2	4.BIRTHDATE	5. REGISTRATION NO.
6. ADDRESS	7. TRIBE		8. RESERVATION
9. ADDITIONAL IDENTIFICATION			
10. REASON FOR REFERRAL (<i>Type of service requested</i>) Type of Diabetes: type 2 type 1	GDM	PGDM	
Educational Necessity:	GDIVI		
Newly Diagnosed Diabetes			
Diabetes and Pregnancy EDC			
Diabetes with complications/medical necessity	7		
Poor glycemic control (HgbA1C>8%)		_Change in treat	ment (describe)
Hyperlipidemia (LDL>100, HDL<45/55	5)		
11. SIGNIFICANT MEDICAL OR DENTAL FACTORS (Including diagnosis	prognosis treatme	ent. etc.)	
Nephropathy-MAU>30mgs/dl or Protein			nstruction
Neuropathy/Insensate foot			
Retinopathy (Preproliferative, Microane	urysm)		
Cardiovascular disease (HTN, MI, CHF.	• /)	
Review diabetes self-management skills pos			
Diabetes Education Team			
To instruct on the following (based on assessm	nent of educa	tional needs):	
Disease process/treatment options		,	
 Nutritional management 			
Physical Activity Madienties			
MedicationsMonitoring			
Goal Setting and problem solving			
Psychosocial adjustment			
 Preconception care 			
Management during pregnancy/gestational diabetes			
 Preventing, detecting and treating acute complication Preventing, detecting and treating chronic complication 			
- Trovonting, detecting and treating enrolle complication			
11. REPORT BY PARAMEDICAL PERSONNEL			
Other (please explain)			
13. FROM (Name, title and address of person making referral)			14. DATE
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Source: Phoenix Indian Medical Center (PIMC) DEPTH Program